NCDA&CS, VETERINARY DIVISION
ANIMAL WELFARE SECTION
1030 MAIL SERVICE CENTER,
RALEIGH, NC 27699-1030
PHONE: 919/715-7111, FAX: 919/733-6431

ANIMAL WELFARE INSPECTION

GPS Coordinates - N: 35° 62' 17" W: 82° 62' 56.9"

LICENSE #: 664
TYPE FACILITY: Animal Shelter (Private/Public) 
Boarding Kennel 
Pet Shop 
Public Auction 

BUSINESS NAME: Asheville Humane Society
OWNER: Asheville Humane Society
ADDRESS: 72 Lees Creek Rd Asheville NC
TELEPHONE: (828) 253-6807
VMO 
COUNTY Buncombe

Number of Primary Enclosures 204 Animals Present: Dogs 137 Cats 67

Inspector: Mark “X” in each box, if adequate. Circle each item number, if inadequate. Use NA if not applicable.

STRUCTURE

Housing Facilities
☑ 1. Structure & Repair
☐ 2. Ventilation & Temp.
☑ 3. Lighting
☐ 4. Ceiling, Wall, Floors
☐ 5. Storage
☐ 6. Water Drainage

Primary Enclosures
☑ 7. Structure & Repair
☐ 8. Space
☐ 10. Adequate Shelter

SANITATION

☐ 11. Waste Disposal
☐ 12. Odor
☐ 13. Ceiling, Wall, Floors
☐ 14. Primary Enclosures
☐ 15. Equipment & Supplies
☐ 16. Washrooms, Sinks, Basins
☐ 17. Insect/Vermin Control
☐ 18. Building & Grounds

SPECIAL ITEMS

Records
☐ 23. Description of Animals
☐ 24. Records/Vet Treatment
☐ 25. Origin/Disposition
☐ 26. Signature (boarding kennel)
☐ 27. Written permission from owner for commingling (doggie daycare)

HUSBANDRY

☐ 19. Adequate Feed/Water
☐ 20. Food Storage
☐ 21. Personnel
☐ 22. Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area
☐ 23. Animals’ Appearance

Transportation

☐ 28. Care in Transit Discussed

Veterinary Care

☐ 28. Isolation Facility
☐ 29. No Signs of Illness/ Treated

APPROVED ☑ DISAPPROVED ☐

Date: 11/19/07 Time: 10:10am

Inspector’s Signature

Owner/Authorized Agent’s Signature

AW-2
Rev. 1/07 White= Office
Canary= Inspector
Pink= Owner

PAGE 1 OF 2
LICENSE #: 66  
TYPE FACILITY: Animal Shelter (Private/Public)  
BUSINESS NAME: Asheville Humane Society  
OWNER:  
ADDRESS:  
TELEPHONE: (____)____-________

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Explanation of Inadequacy (circled items above) And Recommendation For Compliance</th>
<th>Date Corrections Must Be Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Need to repair roof leaks. One section that is leaking has a light fixture below the leak. Need to repair ASAP. Could be electrical hazard. Need to also repair leak in the recovery room. Fix ASAP.</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Need to remove leaves from gutter.</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Need to seal cracks in Kennel Floors.</td>
<td></td>
</tr>
</tbody>
</table>

Everything looks good.

X APPROVED  □ DISAPPROVED  
Date: 11/19/07  Time: 10:10 AM  
Inspector’s Signature: J.E.  
Owner/Authorized Agent’s Signature: S.  
White: Office  Canary: Inspector  Pink: Owner